

## DAILY MEAL COUNT SHEET

Name of Center: \_\_\_\_\_

Month/Yr. \_\_\_\_\_

### No. of Meals Claimed for Enrolled Children

### No. of Meals Claimed for Adults

[illegible]

## DAILY MEAL COUNT SHEET

Reminders: \*If claiming infant meal, use reverse side. The total infant meal must be added and indicated on the corresponding line item of the claim  
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Name of Center: \_\_\_\_\_

Month/Yr. \_\_\_\_\_

[illegible]

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